



**CITY OF HOUSTON
INSURANCE FILING FORM
PEDICAB**



This certifies the below named insured is provided commercial general liability insurance coverage with a company on the "list of Authorized Insurance companies" published by the Texas Department of Insurance (Phone 1-800-252-3439) that is authorized to sell liability insurance, or is a "County Mutual" identified with a code number 56; and has a 30-day cancellation endorsement (TE-02-02A) to the City of Houston, Administration and Regulatory Affairs Department, Regulatory Affairs Division, Transportation Section, 5050 Wright Rd., Houston, Texas 77032.

Name Insured and Mailing Address:

Additional Insured (name of city permit holder if different from above named insured):

Policy Period From: _____ To: _____

List of covered Autos (include make, model, year and last five digits of VIN):

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Does the policy follow the minimum limits of liability for any one accident or loss:

- Personal Injury and Advertising injury - \$1,000,000 12month aggregate ☐ Yes ☐ No
- \$1,000,000 per occurrence

Endorsements:

- TE02-02A 30 Days ☐ Yes ☐ No

Name and Address of Insurance Company: _____

Policy Number: _____

Signature (Authorized Underwriter)

Print Name

Phone Number

**THIS IS AN OFFICIAL GOVERNMENT RECORD.
A FALSE ENTRY MAY CONSTITUTE A FELONY OF THE THIRD DEGREE.**

Rev 10/10